

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA**

UNITED STATES OF AMERICA

v.

SENTENCING MINUTES

AIDRISS SAID SAYDI

Case No. 1:18CR394

HONORABLE LIAM O'GRADY presiding
Proceeding Held: March 15, 2019
Deputy Clerk: Amanda

Time Called: 10:47 a.m.
Time Concluded: 11:03 a.m.
Court Reporter: N. Linnell

Appearances:

UNITED STATES OF AMERICA by:
AIDRISS SAYDI in person and by:

Christopher Grieco
Brendan Harold

INTERPRETER: None

☐ Interpreter Sworn

-
- | | |
|---|---|
| <input checked="" type="checkbox"/> The parties have no objections to the factual statements in the PSR | <input checked="" type="checkbox"/> The parties have no objections to the application of the guidelines in the PSR |
| <input type="checkbox"/> Objections/corrections to factual statements in PSR by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | <input type="checkbox"/> Objections/corrections to application of guidelines by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
-

- | | |
|---|--|
| <input checked="" type="checkbox"/> The government presents sentencing argument: Rests on their papers. | <input checked="" type="checkbox"/> The defendant presents sentencing argument: Requests mand. Min of 17 years |
| <input checked="" type="checkbox"/> Defendant exercises right of allocution. | <input checked="" type="checkbox"/> The court imposes sentence. |
| <input type="checkbox"/> The government dismisses count(s) _____. | <input type="checkbox"/> Defendant advised of appeal rights. |
-

SENTENCING GUIDELINES:

Offense Level: 37

Criminal History: II

Imprisonment Range: Ct. 1: 235-293 months; Ct. 2: 7 yr. mand. consec. sentence

Supervised Release Range: Cts. 1 and 2 both have 5 years

Fine Range: As to both Counts 1 and 2: \$40,000.00 - \$1,000,000.00

Restitution: NA

SA: \$200.00

SENTENCE IMPOSED:

Imprisonment: 156 Months as to Count(s) One of the Information.
 84 Months as to Count(s) Two of the Information.

Imprisonment term for each count to be served ☐ concurrently ☒ consecutively.

TOTAL TERM OF IMPRISONMENT IMPOSED: 240 months with credit for time served.

Probation: _____ Years as to Count(s) _____ of the _____.

Supervised Release: Five Years as to Count(s) One of the Information.
 Five Years as to Count(s) Two of the Information.

MONETARY PENALTIES

Special Assessment: \$ 200.00 due immediately

Fine: \$ _____ ☒ fine waived

Restitution: \$ NA ☐ determination deferred

JOINT AND SEVERAL PAYMENTS

☐ Fine and/or ☐ Restitution is **joint and several** with _____.

☐ Repayment of Buy Money is **joint and several** with _____.

FORFEITURE

☒ All property forfeited upon conviction or by order of the court shall be included in the criminal judgment.

RECOMMENDATIONS

☒ The court recommends the defendant's placement at a facility as close to NoVA as possible.

☒ The court recommends the defendant's participation in the Bureau of Prisons' 500-hour drug treatment program.

☐ Other: _____.

CUSTODY

☒ The defendant is remanded to the custody of the U.S. Marshal Service.

☐ The defendant is to voluntarily surrender at the institution designated by the Bureau of Prisons as notified by the U.S. Probation Office; ☐ on or after _____.

CONDITIONS OF SUPERVISED RELEASE/PROBATION

Special Conditions

- | | |
|---|--|
| <input checked="" type="checkbox"/> Drug Testing – Special Condition | <input type="checkbox"/> Home Confinement for _____ days |
| <input type="checkbox"/> Drug Testing – Standard Condition | <input type="checkbox"/> Home Confinement with Alcohol Testing for _____ days |
| <input type="checkbox"/> Drug Testing – Waived | <input type="checkbox"/> Community Correctional Center: _____ days |
| <input type="checkbox"/> Monthly Restitution Payment: \$ _____ | <input type="checkbox"/> Residential Re-Entry Center: _____ days |
| <input type="checkbox"/> Monthly Fine Payment: \$ _____ | <input type="checkbox"/> Cooperate with Bureau of Immigration/Customs |
| <input type="checkbox"/> Repay Buy Money – Total: \$ _____. | <input type="checkbox"/> Cooperate with IRS |
| <input type="checkbox"/> Repay Buy Money: \$ _____/month | <input type="checkbox"/> Cooperate with Child Support |
| <input type="checkbox"/> No New Lines of Credit | <input checked="" type="checkbox"/> Participate in mental health treatment program |
| <input type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Participate in sex offender assessment/treatment |
| <input type="checkbox"/> Submit to search by USPO | <input type="checkbox"/> Waive confidentiality – sex offender treatment |
| <input type="checkbox"/> No tavern employment or patronization | <input type="checkbox"/> No sexually-explicit materials w/minors |
| <input type="checkbox"/> No employment with fiduciary responsibilities | <input type="checkbox"/> No possession/viewing of pornography or erotica |
| <input type="checkbox"/> No gambling | <input checked="" type="checkbox"/> Obtain GED |
| <input type="checkbox"/> No transfer of assets in excess of \$500.00 | <input type="checkbox"/> No contact – unrelated children under 18 |
| <input type="checkbox"/> No possession/use of computer – on-line access | <input type="checkbox"/> No contact with victim(s) |
| <input type="checkbox"/> No possession/use of data encryption/erasure | <input type="checkbox"/> No contact with gang members |
| <input type="checkbox"/> Provide computer passwords and logons | <input type="checkbox"/> Perform community service: _____ hours |
| <input type="checkbox"/> Consent to computer searches | |